

ENFIELD YOUTH CENTER
Annual Parental Permission Slip
Season 2009-2010

I give my child, _____, permission to participate in daily Youth Center activities and give permission to the Enfield Youth Center the right to use, reproduce, and/or distribute photographs and/or videotapes of my child for use in any material they may create and/or newsworthy event.

I have read the enclosed Youth Center rules.

Yes No

My child can participate in program evaluation surveys.

Yes No

Child's Name: _____

DOB: _____

Address: _____

Phone #: _____

Insurance Carrier: _____

Policy Number: _____

Name on Policy: _____

Mother or Guardian: _____

Phone #: _____

Father or Guardian: _____

Phone #: _____

Emergency person: _____ Relationship: _____

Phone #: _____

Please note **any** allergies your child may have, including **food** allergies:

I give permission for first aid to be administered to my child and, if necessary, transport him/her to a hospital or emergency clinic. Any exceptions to this treatment are listed below:

I, the parent/guardian, of the above named child, hereby give my consent and agree to release, indemnify and hold harmless anyone participating in advisory or official capacity with the Enfield Youth Center as well as the Town of Enfield and its employees, from any claims arising out of injury to the above named child.

Parent/Guardian's Signature

Date

I hereby acknowledge that I have been provided with a copy of the Town of Enfield HIPAA Compliance Program Notice of Privacy Practices for the Town of Enfield, CT on this date.

Date

Signature

Print Name

Address

City, State & Zip Code